

Prideaux Lodge Care Ltd

Prideaux Lodge

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection at Prideaux Lodge on the 14 and 15 October 2015 where two breaches of Regulation were found. We issued requirement notices for these breaches.

As a result we undertook an inspection on 8 and 9 December 2016 to follow up on whether the required actions had been taken. At this inspection we found significant improvements had taken place and no areas requiring improvement were identified.

Prideaux Lodge provides accommodation and support for up to 20 people. Care and support is provided for people living with dementia type illness and who are at risks of falls and long term healthcare needs such as Parkinson's. On the day of our inspection there were 15 people living at the service. The provider also offers a respite day care service. There was one person who was using this service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People appeared happy and relaxed with staff. There were sufficient staff to support them. When staff were recruited, their employment history was checked, references obtained and comprehensive induction completed. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding and knew what action they should take if they suspected abuse was taking place. Appropriate training was provided to ensure staff were confident to meet people's needs.

It was clear staff and the registered manager had spent considerable time with people, getting to know them, gaining an understanding of their personal history and building rapport with them. People were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

People's needs had been assessed and detailed care plans developed. Care plans contained risk assessments for a wide range of daily living needs. For example, nutrition, falls, and skin pressure areas. People consistently received the care they required, and staff members were clear on people's individual needs. Care was provided with kindness and compassion. Staff members were responsive to people's changing needs. People's health and wellbeing was continually monitored and the provider regularly liaised with healthcare professionals for advice and guidance.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care

homes. We found that the manager understood when an application should be made and how to submit one. Where people lacked the mental capacity to make specific decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA).

People were provided with opportunities to take part in activities 'in-house' and to access the local and wider community. People were supported to take an active role in decision making regarding their own daily routines and the general flow of their home.

Staff had a clear understanding of the philosophy of the home and they spoke positively about their work and the management. The registered manager undertook regular quality assurance reviews to monitor the standard of the service and drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with current regulations.

Is the service effective?

Good 

The service was effective.

Mental capacity assessments were undertaken for people if required and their freedom was not unlawfully restricted.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access and were supported to health care professional appointments for regular check-ups as needed.

Staff had undertaken essential training as well as additional training specific to the needs of people and had regular supervisions with their manager.

Is the service caring?

Good 

The service was caring.

People felt well cared for and were treated with dignity and respect by kind and friendly staff. They were encouraged to make decisions about their care.

The staff knew the care and support needs of people well and took an interest in people and their families to provide individual personalised care.

Care records were maintained safely and people's information kept confidentially.

Is the service responsive?

The service was responsive.

People were supported to take part in a range of activities both in the home and the community. These were organised in line with peoples' preferences. Family members and friends continued to play an important role and people spent time with them.

People and their relatives were asked for their views about the service through questionnaires and surveys.

There were systems in place to respond to comments and complaints.

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

Good ●

Is the service well-led?

The service was well-led.

Staff felt supported by management, said they were supported and listened to and understood what was expected of them.

Systems were in place to ensure accidents and incidents were reported and acted upon. Quality assurance was measured and monitored to enable a high standard of service delivery.

There was an open and positive culture which focussed on providing person-centred care for people.

Good ●

Prideaux Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected the service on the 8 and 9 December 2016. This was an unannounced inspection. Two inspectors undertook the inspection.

We reviewed the information we held about the home, including previous inspection reports and the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records at the home. These included staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We looked at five care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and how they obtained their care and treatment at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were unable to talk to us.

During the inspection we spoke with nine people, two relatives and two health care professionals to seek their views and experiences of the services provided at the home. We also spoke with the provider, registered manager, seven care and one domestic staff, the home's cook and a maintenance staff member.

We observed the care which was delivered in communal areas and spent time sitting and observing people in areas throughout the home and were able to see the interaction between people and staff. This helped us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our inspection in October 2015 we found some areas related to the environmental safety of the building required improvement. At this inspection we found the provider had taken action to address all areas of concern we had identified. For example, works had been completed to ensure people could now rapidly exit the building if required in an emergency evacuation. The provider said, "You highlighted some areas where we could improve and I made sure they were quickly sorted."

People living at Prideaux Lodge were supported to remain safe and protected from avoidable harm. A person told us, "Oh yes definitely, feel safe as houses living here, no problems at all." Another person said, "I keep my (call) bell near me in case I need it; it's a nice feeling to know you only have to push a button and they will come running." Throughout our inspection we saw staff were attentive with people in communal areas and call bells were answered promptly.

Staff were able to confidently describe different types of abuse and the actions they would take if they suspected abuse had taken place. There were up-to-date policies in place to ensure staff had guidance on how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed all care staff had received safeguarding training. We saw that safeguarding referrals were made appropriately and external agencies notified in a timely fashion. One staff member told us, "My number one priority is to keep residents safe, it's why we are all here."

Risks associated with the safety of the environment and equipment were identified and managed safely. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, legionella, staff safety and welfare. Maintenance and servicing of equipment such as fire alarm, portable appliance testing (PAT) and boiler were seen to be routinely undertaken. Staff were clear on how to raise issues regarding maintenance. The provider had a proactive approach to maintenance. One member of staff told us, "Repairs and any anything faulty are dealt with quickly once it is flagged up." On the day of our inspection we identified a fire door which was not closing flush, this was repaired within an hour.

The provider had established contingency plans in the event of an emergency evacuation. People had individual personal emergency evacuation plans (PEEP) which staff were familiar with. These reflected the change in staff requirements based on the time of day or night. The service had an 'emergency grab folder' which contained information such as copies of people's PEEP for the emergency services, key contact numbers. Care staff had received training in emergency first aid and resuscitation techniques.

People's support plans held comprehensive risk assessments for a wide range of daily living needs such as falls, nutrition, skin pressure areas. Risk assessments included clear measures to protect people, such as identifying the number of staff required to support people to move safely around the service. Staff demonstrated they were clear on the level of support people required for specific tasks. A staff member said, "Knowing residents capabilities allows us to adapt tasks so as they are safe but can be as involved as much as they choose to be." Information had been reviewed and updated to reflect people's changing needs.

Systems had been established which enabled accident/incident documentation had senior staff oversight. A senior staff member told us, "Staff are well drilled in making sure that they complete the paperwork correctly; this means important information is accurately captured." Records reviewed demonstrated a range of follow up actions had been considered and taken as a result of accidents and a clear follow up process was evident. For example, following a fall we saw an accident form identified the various options which had been considered to mitigate further risk; such as the installation of infra-red motion sensor. Accident and incidents forms were audited on a monthly basis by the registered manager, they said, "Although I see the paperwork as things happen, the audit helps to see if any patterns are appearing." Care staff were clear on the reporting process and that documentation was required to be completed in a timely manner.

There were enough skilled and experienced staff to ensure the safety of people who lived at the home. People told us there was always sufficient staff on duty to meet their needs. One person told us, "I have not had to wait long for help, they come straight away." Another said, "Can't remember ever having to wait, they always make sure I have everything I need before leaving." The rota reflected where alternative cover arrangements had been made for staff absences. Staffing levels were sufficient to allow people to be assisted when needed. We observed staff giving people the time they needed throughout the day, such as when supporting people to the bathroom, and helping people to move to the dining area at meal times. Staff were relaxed and unrushed and allowed people to move at their own pace. Staff checked people who were in their rooms regularly throughout the day. A person's relative told us, "Always enough staff around, I come in at different times of the day and never any concerns." The registered manager told us that people's dependency levels were reviewed as part of their care plans and adjustments in staffing levels would reflect any changes. The service published a rota which identified which senior staff were 'on call' when one was not in the building or during the night. All staff spoken with said that they felt the home was sufficiently staffed.

Each person had their own medicine profile. The profiles provided clear information on the medicines which had been prescribed along with an up-to-date photograph of the person. Medicines in current use were stored in locked cabinets. We observed medicines being administered. The care staff gave the medicines and checked and double checked at each step of the administration process. Staff also checked with each person that they wanted to receive the medicines. We looked at a sample of medication administration records (MAR) and found them competently completed. Medicines were ordered correctly and in a timely manner that ensured they were given as prescribed. Medicines which were out of date or no longer needed were disposed of appropriately. One staff member told us, "I feel confident in supporting residents with their medication, the training and support has been really good." There were robust systems in place to manage medicines which were PRN 'as required'. People's profiles identified clear lines of accountability as to what could be administered and associated timeframes. The medicine storage area was well organised and recording of fridge and room temperatures were routinely recorded to ensure medicines were stored in line with the manufacturer's guidelines. Systems had been established which ensured senior staff checked stock levels and signatures before a staff shift change and handover.

Records evidenced staff were recruited in line with safe practice. Employment histories had been checked, suitable references obtained and staff had undertaken Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff described the recruitment process they had gone through when they joined. A new member of staff told us, "It was made clear to me right from the start that being open and honest is a key part of the job if I wanted to work here."

Is the service effective?

Our findings

At the last inspection in October 2015, we found care was not always effective. The provider was found in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider was not fulfilling their obligations in regard to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

The provider sent us an action plan stating how they would meet the requirements of the regulation by December 2015. At this inspection we found significant improvements in all the areas where we previously identified shortfalls and the provider was meeting the requirements of the Regulation.

People received effective care from appropriately trained staff. One relative told us, "I am always impressed with the staff's knowledge and how they handle tricky situations; they are very on the ball."

When new staff started at Prideaux Lodge they underwent an induction. This consisted of training and shadowing more experienced staff. A member of staff said, "When someone new starts it's important the residents get to know them gradually and recognise them." Mandatory training covered areas such as infection control, moving and handling, dementia and challenging behaviour. Throughout our inspection we saw staff applied their training whilst delivering care and providing support. One staff member said, "The training has been very good, we have a few different types like face to face and workbooks." We saw that staff assisted and addressed people in a respectful manner and were aware of people's potential anxiety and triggers. People who required additional time to respond to questions were afforded this by staff. One staff member told us, "You can always see the relevance of training which helps me take it on-board." Staff commented positively of the training and support they continued to receive from a Local Authority 'in reach' representative who had offered training and advice on how to effectively support people living with dementia type illness. One staff member said, "They have been here a lot and have given really helpful ideas and suggestions." A senior member of staff evidenced that as a result of recent advice they had booked additional training to enable staff to support one person who demonstrated specific behaviours that challenged.

There were systems in place to provide staff with regular supervision. One staff member told us, "It is a chance to chat about residents and what has changed since the last one (supervision) and look at ways things can be done differently or better." As part of the supervision process care staff were observed by senior staff whilst undertaking their duties. During our inspection we observed a member of staff on one occasion not adhering to best practice with regard to infection control. We raised this with a senior member of staff who immediately addressed this with the staff member immediately. The senior member of staff said, "This is the type of issue I would address if I was completing a practical observation." All staff told us they felt well supported in their roles.

People were supported to maintain good health and received on-going healthcare support. People commented they regularly saw their GP and other health care professionals such as chiropodist and optician. Relatives felt staff were effective in responding to people's changing needs. One visiting relative

said, "The staff have been very good, they are very quick to pick up if there is a change or a problem." One staff member told us, "We check for warning signs such as mobility and eating habits changing as this could be an early indicator." We spoke to a visiting health care professional who was very positive about staff, they said, "They listen and record what I have said and will contact us if needed, I trust their judgements." On the day of our inspection staff were seen to be carefully, yet discreetly, monitoring a person whose demeanour was subdued. At a later point in the day a member of staff told us they have call a GP to visit as the person, "Was just not themselves." Where concerns had been identified regarding people's food intake, with their consent, the staff weighed people regularly and used this information to inform any referrals to dieticians speech and language therapists (SALT).

People were complimentary about the food and meal times. Everyone we spoke with told us, they had enough to eat and drink. Positive feedback included, "I'm happy, very good food, always plenty". Menus and food choices were advertised in a communal area and staff spent time on a one to one basis to establish preferences. Dining tables were set up neatly with fresh flowers, table cloths and condiments. Most people ate communally in the home's dining room however people could choose where they wished to eat and this decision was respected by staff. People were given time to enjoy their food, with staff ensuring they were happy with their meals. Food was served in an efficient manner. Staff used a 'dummy plate' system whereby they visually showed people the options available so as they could see the choices on offer. When people were not eating their main meal choice, an alternative was offered. People were encouraged to drink plenty of fluids. This was in addition to servings of tea and coffee throughout the day. Staff ensured specific people had drinks offered 'little and often' if they were struggling to drink enough fluids. One staff member said, "We so our best to keep the fluids flowing and always make sure they can reach their drinks."

Staff had a clear understanding of the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow these in their daily care routines. The registered manager said, "Since our last inspection this has been a real focus for us to get this area right and I have spent a lot of time with staff improving awareness." Mental capacity assessments had been completed for people and had been routinely reviewed. Where people had been deemed to lack capacity for a specific decision of daily living the detail held within peoples care plans was variable but we saw senior staff had been working their way through these updating where best interest discussions had occurred. Care staff were aware any decisions made for people who lacked capacity had to be in their best interests. During the inspection we heard staff ask people for their consent and agreement to care. For example we heard staff say, "Are you ready to take your medication?" and "Can I help you to the bathroom." All care staff had attended MCA and Deprivation of Liberty Safeguards (DoLS) training, one told us, "Key points are around can someone retain information and involving them as much as possible when making decisions."

The CQC is required by law to monitor the operation of DoLS. Staff could explain to us the implications of Deprivation of Liberty Safeguards (DoLS) for the people they were supporting. DoLS forms part of the MCA. The purpose of DoLS is to ensure that someone, in this case living in a care home, is only deprived of their liberty in a safe and appropriate way. This is done when it is in the best interests of the person, has been agreed by appropriate advocates and professionals and there is no other way to safely care for them. People who had a DoLS authorisation in place we saw the directives issued by the authorising body were adhered to.

Is the service caring?

Our findings

People were treated with kindness and consideration in their day-to-day care. People and their relatives stated they were satisfied with the care and support they received. One person said, "The care and staff here spot on, always kind and caring."

People's individual preferences and differences were respected. We looked at all areas of the home, including people's bedrooms. We saw rooms held items of furniture and possessions which people owned before moving into the home and there were personal mementoes and photographs on display. People were supported to live their life in the way they wanted. We spoke to people that preferred to stay in their room. One person told us, "I am happy in my room most of the time, if I fancy a change I will spend time down stairs." Another told us, "Plenty of choices to make here but they (the staff) listen and respect my wishes."

There was a strong bond and rapport which was underpinned by the staff's knowledge and understanding of people's needs. Staff strove to provide care in a happy and friendly environment. One person's relative said, "After a long spell in hospital this place has been a gift from the gods, so great." A person said, "I felt at home from the moment I arrived." We heard staff patiently explaining options to people and taking time to answer questions. We heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, "You can't beat some banter and a joke." The staff approach was thoughtful and caring. A staff member discreetly informed a person their clothes had been ruffled whilst sitting and asked if they would like support rearranging these in private. Staff were had a clear understanding of dignity and how to protect this. One staff member said, "We have got a dignity champion which is good; keeps it at the front of your mind." When staff supported people with personal care in their rooms there was a 'do not disturb' sign on the door. A member of staff said, "It's a small thing but it reminds you that it's their home and room and staff walking in and out is not on." We overheard a member of domestic staff freely chatting with a person as they tidied and cleaned their room; it was clear the person was familiar with the staff member and enjoyed their interaction."

People looked comfortable and were supported to maintain their personal and physical appearance. People were seen talking about the jewellery they were wearing. Men had been supported to dress smartly in line with their prescribed preferences in their care documentation. People told us that staff were caring and respected their privacy and dignity. People were consulted with and encouraged to make decisions about their care. One person told us, "I feel involved in my care." We saw people's preferences were respected. People were seen getting up for breakfast at different times. One person said, "I choose when I get up and when I go to bed." One staff member said, "Everyone is different and that can change day to day. We respect their choices." Staff were seen to encourage people to be as independent as possible with their daily living routines. A person's relative said, "When they (their relative) came in here they were not stringing a sentence together but with the patience and encouragement they have come along really well."

People's care plans contained personal information, which recorded details about them and their life. Staff told us they knew people well and had a good understanding of their preferences and personal histories.

This information had been drawn together by the person, their family and staff. Staff used a life history template which prompted them to talk with people regarding a wide range of past experiences such as their family, careers and interests. A staff member said, "It's been a really useful tool to chat with people. Particularly those that chose to stay in their rooms." A senior staff member told us, "We encourage staff to spend time just sitting and chatting and it can be surprised how memories can come back when they are triggered."

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality. The majority of care records were held electronically and staff took appropriate precautions when moving away from a computer to ensure information was not visible." Relatives and visitors were welcomed during the inspection. A relative told us they could visit at any time and were always made to feel welcome.

Is the service responsive?

Our findings

At our inspection in October 2015 we found during the periods of time when staff were busy supporting people with caring tasks other people's opportunities to engage in social interaction and activities was limited. At this inspection we found due to an increase in staffing numbers people received a good level of interaction and engagement from staff. One person said, "There is always something going on and someone to chat too."

A person's relative told us they felt fully involved in the care of their family member; they said they were updated with any changes or issues that affected care. People's care plans clearly identified support needs and reflected individual preferences for all aspects of daily living. A staff member told us, "It took me a bit of time to adjust to having care plans on the computer but they are very good, lots of detail." Care plans contained a comprehensive assessment of people's individual needs and clearly identified how these should be met. A senior member of staff told us, "A lot of work has gone into improving care plans since our last inspection; we have broken down residents support needs into multiple sections." These sections now included guidance for staff on areas such as mobility, nutrition, personal hygiene, continence and communication. People's likes and dislikes identified where people were able to make choices and retain control in aspects of their daily routines such as clothing and meals. Although care plans were reviewed and updated monthly by senior staff they ensured other staff had input into the reviews. For example, night time carers were consulted to ensure documentation contained up-to-date information on people's night time routines. A senior staff member said, "Day staff won't get to see how resident's behaviours may change at night time so it is important to get feedback from night staff to keep a rounded picture."

Staff had a good understanding of people's individual needs and said they were given time to ensure care documentation was up-to-date. One staff member told us, "There is a fair bit of paperwork but it doesn't get in the way of supporting residents." We saw daily care records provided clear informative descriptors of people's mood, behaviours and how they had spent their time. Staff told us these were useful to review if they had been off duty for a few days. We saw within one person's daily care notes it stated; the person, 'had a poor night's sleep, chose to stay in bed later than usual to rest.' The home operated a key worker scheme. A key worker is a named member of staff with additional responsibilities for making sure a person receives the care they need. A photograph of people's keyworkers was displayed in people's rooms. One person commented that their key worker 'sorted out' their clothes for them and would 'keep an eye on their toiletries' to ensure they had sufficient.

People had opportunities to take part in various activities and to access the local and wider area. On the first day of our inspection a person had combined a trip to a health care professional with a coffee shop visit. We saw consideration was given to people's music and television preferences. People were asked what they wanted to watch or listen to and came to a decision based on the most popular choice. We saw people relaxing in the lounge undertaking various pastimes such as reading a newspaper, completing a puzzle and another person was enjoying showing a member of staff how to knit. The provider employed an activities coordinator who took responsibility for booking the regular weekly external activities such as motivation and entertainers. People commented positively on the home's garden and how accessible it was. One person

said, "A lovely garden, I like being out there when it's warm." People were seen to return to their room at a time that was decided by them. One person said, "I get tired in the afternoon and will normally have a nap." Special events were planned and people told us they enjoyed attending them. People told us they had enjoyed the recent Christmas pantomime.

The registered manager had established systems to capture feedback from people and their relatives. This included organised meetings at the home and surveys. We reviewed meeting minutes from the most recent 'residents' meeting'. This demonstrated it was well attended and provided people with the opportunity to have input into the running of the service. Ideas and opinion was recorded regarding activities and food choices. As a result of positive feedback from a previous event it had been agreed that an 'Elvis' impersonator would be booked again for the Christmas party. Families were surveyed for their opinion on a six monthly basis. The most recent survey was undertaken in November 2016, responses were seen to be positive. The registered manager told us they used resident and relative meetings to address any themes which had arisen as a result of surveys. A relative told us they would struggle to attend the face to face meetings due to the distance but felt confident any issues they raised when they visited were promptly addressed.

Senior staff told us about the importance of handover between shifts. They said these meetings provided them with a detailed insight into the routines of the home that day. Staff allocation of duties was discussed along with individual updates on people. We observed a senior staff handover and time and opportunity was available to ask each other questions and clarify their understanding on issues. For example, one person was identified as 'coughing more than usual' and a discussion took place on the steps staff on shift had taken to encourage them to use their PRN inhaler.

The PIR stated, 'We have an open complaints policy this is located around the building and is given on admission into the home.' We saw a complaints policy was available to people within the home, this was available in a communal area for people. The registered manager stressed how important the complaints procedure was for capturing feedback. The complaints folder had captured a range of feedback where people had raised concerns for example in relation to laundry. We saw the individual people had been responded to directly and the specific operational steps taken to address the issue.

Visitors were welcomed during our inspection. A staff member told us the service worked hard to encourage people to be involved with their families and friends. They said, "We are lucky really as most people have good links, family contact is really important and can lift people's spirits." A relative told us, "I visit as much as I can; I enjoy coming here, always a nice feel to the place."

Is the service well-led?

Our findings

At the last inspection in October 2015, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not consistently protected against the risk of unsafe or inappropriate care as the provider did not have effective quality monitoring systems in place.

An action plan was submitted by the provider detailing how they would meet their legal requirements. At this inspection we found the provider had taken steps to significantly improve the systems which monitored the running of the service and was now meeting the requirements of the Regulation.

The registered manager took an active role with the running of the home and had good knowledge and understanding of the staff and the people who lived there. A relative said, "The leadership is very professional, runs the home well." A staff member commented; "The manager is very hands on and supportive, she will often work with us, which is helpful."

Staff were positive and spoke highly of the registered manager and their leadership. One told us, "I can approach them about anything and they would make time for me." Staff demonstrated a clear understanding of their roles and the lines of accountability. One told us, "I would normally speak to a senior first if I had a concern but I know I could always go to the manager." The registered manager was at the service five days a week. Staff were aware of the 'on call' system in place when a senior member of staff was required 'out of hours.' One staff member said, "You can always get to speak to senior staff if you need one." Staff had a clear understanding on the philosophy that underpinned the service. One staff member told us their saw their role as, "Supporting residents to be safe, comfortable and happy in a homely environment." People and their relatives commented throughout the inspection that there was a 'homely feel' to the service.

Staff meetings were held regularly and were well attended. Meeting minutes demonstrated they provided an opportunity for staff to raise and discuss a range of issues and for senior staff to remind colleagues about key operational messages. For example the importance of setting equipment correctly and waste recycling in the home. Staff told us they found these meetings useful and provided an opportunity to share ideas and provide each other with updates on individual people. One staff member told us about an additional call bell monitoring alarm being installed in the laundry room following a discussion at a team meeting. We saw separate meetings had been held to ensure key messages were shared with night care staff.

Since our last inspection robust quality assurance systems had been established to provide the registered manager with clear oversight of the service. The registered manager undertook monthly audits for a wide range of areas, such as medicines, care plans, health and safety and catering. The registered manager told us the audits allowed them to, "Review what parts of the service may require attention." The most recent medicines audit in October 2016 had highlighted minor recording discrepancies in MARS. We noted this had been actioned with the staff who had been accountable. The provider had also commissioned the services of an external care consultant who visited the service regularly to quality assure the service. The registered

manager said, "It never hurts to have a fresh set of eyes to look at how we are doing." The consultant produced a report of actions following their visits, the outcomes of which were reviewed by the provider and registered manager. A recent external audit by the services pharmacy provider identified that the home had, 'much improved, well done.'

Since our last inspection the provider had created the new care staff post of 'senior support'. All staff told us this had been a positive contribution in improving care at the service. This position was allocated time to observe care practice so as to improve standards. Their observations and comments fed back into staff's individual supervisions. They also spent six hours a week reviewing care plans. The registered manager acknowledged that this new role had contributed to the improvements in the leadership at the service.

The registered manager said they felt well supported by the provider. Staff told us the provider visited the service once a week and telephoned the service every day. On the first day of our inspection we saw the provider was overseeing the arrival of a new piece of electrical equipment. A member of staff said, "They (the provider) are here a lot and know all the staff and residents and exactly what's going on."

Staff we spoke to were positive about the service, their roles and the people they supported. Throughout our inspection staff were open and responsive to our comments and observations. Staff were surveyed for their opinions and felt the communication in the home was good. The registered manager was part of several external manager forums. They said, "It can be an isolating role at times so having an outlet to run ideas past is useful for me."